

Maryland Board of Pharmacy Public Board Meeting Minutes

Date: February 20, 2013

Name	Title	Present	Absent	Present	Absent
Board Committee					
Bradley-Baker, L.	Commissioner/Treasurer	✓		6	2
Chason, D.	Commissioner	✓		8	0
Finke, H.	Commissioner	✓		8	0
Gavgani, M. Z.	Commissioner	✓		7	1
Handelman, M.	Commissioner		✓	6	2
Israbian-Jamgochian, L.	Commissioner	✓		7	1
Matens, R.	Commissioner	✓		5	3
Souranis, M.	Commissioner/President	✓		8	0
St. Cyr, II, Z. W.	Commissioner	✓		8	0
Taylor, D.	Commissioner	✓		8	0
Taylor, R.	Commissioner/Secretary	✓		6	2
Board Counsel					
Bethman, L.	Board Counsel	✓		8	0
Felter, B.	Staff Attorney	✓		7	1
Board Staff					
Naesea, L.	Executive Director	✓		8	0
Wu, Y.	Compliance Manager	✓		7	1
Waddell, L.	Licensing Manager	✓		2	0
Gaither, P.	Administration and Public Support Manager		✓	6	2
Jeffers, A.	Legislation/Regulations Manager	✓		8	0
Johnson, J	MIS Manager	✓		4	0

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
I. Executive Committee Report(s)	A. M. Souranis, Board President	<p><i>Members of the Board with a conflict of interest relating to any item on the agenda are advised to notify the Board at this time or when the issue is addressed in the agenda.</i></p> <ol style="list-style-type: none"> 1. M. Souranis, President, called the Public Meeting to order at 9:45 a.m. 2. M. Souranis requested all meeting attendees to introduce themselves, to please sign the guest log and to indicate whether they would like continuing education credits before they leave the meeting. 3. Members of the Board with any conflict of interests relating to any item on the agenda were advised to notify the Board. 4. M. Souranis reported that all handouts are to be returned by attendees when they leave the meeting. 5. Review and approval of January 16, 2013 public board meeting minutes. 	<p>Motion to accept minutes as presented by D. Taylor. Motion was seconded by Z. St Cyr, II</p>	<p>Motion was approved.</p>
II. Executive Director's Report	A. Executive Director, L. Naesea	<ul style="list-style-type: none"> • L. Naesea reported that Patricia Gaither, Administration and Public Support Manager was on sick leave and that she would give P. Gaither's report. <p>1. Personnel Updates:</p> <ul style="list-style-type: none"> • Janelle Jamerson has been hired as a temporary contractual employee to work in the Board's Licensing Unit for a period of six months. • The vacant Technician Specialist position in the Licensing Unit was advertised internally for ten days and one 		

		<p>application from staff members was submitted for that position. As soon as the paperwork is approved the current Licensing Secretary will be promoted to the Technician Specialist position. The Board will then advertise and recruit for a Licensing Secretary to fill her vacated position.</p> <p>2. Contracts and Procurement</p> <ul style="list-style-type: none"> • The Board's PEAC contract will expire June 30, 2013 and Ms. Naesea advised Commissioners H. Finke and D. Chason that the Board needs to review and begin assessment for a new contract. Commissioner D. Chason stated he has already begun discussions with PEAC. • The NABP 109th Annual meeting will be held in St. Louis, MO May 18-21, 2013. H. Finke and L. Israbian-Jamgochain will be attending on behalf of the Board as voting delegates, along with L. Naesea. • The CDS Monitoring meeting was held on January 31, 2013. YuZon Wu attended on behalf of the Board. L. Naesea will recommend that IWIF be included in this group at one of their future meetings, as they receive a great deal of information regarding CDS. • L. Naesea reported that the CDS Monitoring Program has been requested to participate in with a project that may be contracted with the University of Maryland School of Pharmacy to develop guidelines for pharmacists. The project would involve the school working with participants to develop guidelines for appropriate prescriptions for CDS for pharmacists to fill and dispense. Discussion ensued and a decision was made to refer the matter to the Board's Practice Committee to review and make a recommendation to the full Board. • L. Naesea reported that the Board's move to the fifth floor at 4201 Patterson Avenue has been delayed due to contract negotiations between DHMH and the Building owners. It is anticipated that the building contract will be signed by the end of May, 2013 which will delay the Board's move to the fifth floor until later this year. 		
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B. Administration & Public Support	Administration & Public Support Manager, P. Gaither	1. See Executive Director's report above.		
C. MIS	J. Johnson, MIS Manager	<ol style="list-style-type: none"> 1. Procurement (hardware/software) - J. Johnson met with DHMH to streamline the process of receiving hardware that had to be ordered through DHMH and as a result items which had been ordered months earlier are now starting to arrive. 2. Board member DHMH laptop assessment. - Any laptop issued by the Board to a Board Commissioner will be assessed after the public board meeting to determine if software needs to be updated and Commissioners will be provided property passes for the issued laptops. 3. System Automation information – The Board informed SA that was concerned about the technical support received . In response, SA transitioned the Board into a online technical support system, which allows the Board to submit “work tickets” to the system. J. Johnson reported that most Board tickets are acknowledged within one day and within a second day or two a member of the SA technical support team addresses the ticketed issue. The MIS Unit is pleased with this new technical support process. 4. Distributor online renewals – A meeting has been scheduled with SA on March 1, 2013 to discuss issues regarding Distributor online renewals. 5. Scanning project – J. Johnson spoke with Tom Jackson of DHMH regarding a company under current contract with the State to perform the Board's scanning project. The Board 		

		<p>hopes to complete scanning most hard copy files into its new database system before moving to the fifth floor at 4201 Patterson Avenue.</p> <p>6.</p>		
D. Licensing	L. Waddell, Licensing Manager	<p>Monthly Statistics for January , 2013.</p> <p>Pharmacists:</p> <ul style="list-style-type: none"> • New Applications – 56 • Renewals – 338 • Total Licensed – 9241 <p>Pharmacists Administer Vaccinations:</p> <ul style="list-style-type: none"> • New Applications – 8 • Renewals – 14 • Total Licensed - 2145 <p>Technicians:</p> <ul style="list-style-type: none"> • New Applications – 137 • Renewals – 188 • Total Registered –8120 <p>Student Technicians</p> <ul style="list-style-type: none"> • New Applications – 33 • Renewals – 3 • Total Registered – 526 <p>Pharmacies:</p> <ul style="list-style-type: none"> • New Applications – 8 • Renewals – 0 • Total Pharmacies- 1844 <p>Distributors:</p> <ul style="list-style-type: none"> • New Applications – 11 • Renewals – 0 • Total – 1009 		
E. Compliance	Y. Wu,	1. Monthly Statistics for January 2013		

		<p>SB 166/HB 1032 Dentists, Physicians, and Podiatrists - Dispensing Prescription Drugs - Inspection by Division of Drug Control</p> <p><u>sb0166F</u></p> <p><u>SB 166 - Annual inspections – Support</u></p> <p>HB 225/SB 273 Veterans Full Employment Act of 2013</p> <p><u>sb0273F - veterans licenses</u></p> <p><u>SB 273 - Governor's veterans bill 020513</u></p> <p>HB 179/SB 401 Pharmacists - Administration of Vaccinations - Expanded Authority and Reporting Requirements</p> <p><u>hb0179F</u></p> <p><u>HB 179 Vaccines – Support</u></p> <p><u>SB 401 Vaccines – Support</u></p> <p>SB 570/HB 897 Professional Licensing and Certification Governing Bodies - Child Abuse Mandated Reporter Training and Discipline</p> <p><u>sb0570F</u></p> <p><u>HB 897 Joint Letter of Concern</u></p> <p>SB 591/SB 595 State Board of Pharmacy - Wholesale Distribution – Pharmacies</p> <p><u>sb0595F</u></p> <p><u>HB 591 - Wholesale Dist – pharmacies</u></p> <p>Ms. Jeffers described the amendment requested by Johns Hopkins University which would have stricken the word “retail” and added “an original wholesale distributor” to 12-6C-01(u)(2)(xi):</p>		
			<p>Motion by Legislative Committee to approve supporting HB 591.</p>	<p>Motion was</p>

		<p>(xi) <u>The sale or transfer from a [retail] pharmacy or pharmacy warehouse of expired, damaged, returned, or recalled prescription drugs to the ORIGINAL WHOLESALER OR original manufacturer or to a third party returns processor.”.</u></p> <p>SB 617/HB 716 Drug Therapy Management – Physician-Pharmacist Agreements <u>sb0617F</u> HB 716 - DTM - Letter of Support</p> <p>HB 736/SB 928 Health Insurance – PBMs – Specialty Drugs <u>hb0736F</u> HB 736 Hlth Ins - PBM - Specialty drugs</p> <p><u>2. Bills with Hearings beginning the Week of February 25th – Legislative Committee recommended the following positions:</u></p> <p>SB 515 State Board of Pharmacy - Jurisdiction over Dentists Who Prepare and Dispense Dental Products and Antibiotics <u>sb0515F</u> <u>Recommends OPPOSE</u></p> <p>.</p> <p>HB 686 Professional Boards Special Funds – Transfer of Funds – three-Fifths Committee Vote <u>hb0686F</u> Sponsor asked us to support.</p>	<p>Motion was seconded by D. Taylor.</p> <p>Motion by Legislative Committee to oppose SB 515. Motion was seconded by R. Matens. Commissioner Z. St. Cyr, II noted that he would like the Board to encourage pro bono activity by dentists.</p> <p>Motion by Legislative Committee to submit Letter of Support or to join a joint letter of support with the other Boards for HB 686.</p>	<p>approved.</p> <p>Motion was approved.</p> <p>Motion was approved.</p>
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		<p>Discussion</p> <p>Proposed amendments discussed:</p> <p>(B) (1) “COMPOUNDING” MEANS THE PREPARATION, MIXING, 28 ASSEMBLING, PACKAGING, OR LABELING OF A DRUG [ORDEVICE]: 29</p> <p>(I) AS THE RESULT OF A PRACTITIONER’S PRESCRIPTION 30 DRUG ORDER OR INITIATIVE BASED ON THE 31 PRACTITIONER/PATIENT/(comment: Pharmacist relationship with the patient is not relevant. In order to avoid batch preparations, we want to emphasize the need for a prescription for a specific patient) RELATIONSHIP IN THE COURSE OF 32 PROFESSIONAL PRACTICE; [OR] 33</p> <p>(II) FOR THE PURPOSE OF, OR INCIDENTAL TO, RESEARCH, 1 TEACHING, OR CHEMICAL ANALYSIS AND NOT FOR THE SALE OR DISPENSING OF 2 THE DRUG [OR DEVICE]; OR 3</p> <p><u>(III) For the purpose of supplying other pharmacies and clinics with batch preparations that are not patient specific.</u></p> <p>(2) “COMPOUNDING” INCLUDES THE PREPARATION OF DRUGS [OR4]IN ANTICIPATION OF A PRESCRIPTION DRUG ORDERFOR A PATIENT.</p> <p>(C) “DESIGNEE” MEANS A PUBLIC AGENCY OR PRIVATE ENTITY 7 APPROVED BY THE BOARD TO CONDUCT INSPECTIONS OF STERILE 8 COMPOUNDING APPLICANTS OR PERMIT HOLDERS LOCATED OUTSIDE THE 9 STATE. 10</p> <p>(D) “STERILE COMPOUNDING” MEANS COMPOUNDING OF BIOLOGICS, 11 DIAGNOSTICS, DRUGS, NUTRIENTS, AND RADIOPHARMACEUTICALS THAT, 12 UNDER USP 797, MUST BE PREPARED USING ASEPTIC TECHNIQUES.. 13</p> <p>(E) “STERILE COMPOUNDING FACILITY” MEANS A</p>	<p>Hammen and/or Secretary Sharfstein with M. Gavgani, R. Matens, D. Chason., L. Naesea and A. Jeffers to discuss and negotiate the discussed amendments to HB 986/SB 896 Motion was seconded by R. Matens.</p>	<p>approved.</p>
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		<p>PHARMACY, A 14 HEALTH CARE PRACTITIONER'S OFFICE, CLINIC OR ANY OTHER SETTING IN WHICH 15 COMPOUNDED STERILE PREPARATIONS(CSPs) ARE PREPARED(Comments:Changed the wording to match USP797) . 16</p> <p>(F) "USP 797" MEANS THE STANDARDS SET FORTH IN THE UNITED 17 STATES PHARMACOPEIA, GENERAL CHAPTER 797, "PHARMACEUTICAL 18 COMPOUNDING – STERILE PREPARATIONS". 19</p> <p>12–4A–02. 20</p> <p>(A) A STERILE COMPOUNDING FACILITY SHALL HOLD A STERILE 21 COMPOUNDING PERMIT ISSUED BY THE BOARD BEFORE THE STERILE 22 COMPOUNDING FACILITY MAY PERFORM STERILE COMPOUNDING IN THE 23 STATE. 24</p> <p>(B) A STERILE COMPOUNDING PERMIT IS REQUIRED IN ADDITION TO 25 AND DOES NOT REPLACE ANY OTHER PERMIT OR LICENSE A PHARMACY, A HEALTH CARE PRACTITIONER'S OFFICE OR ANY OTHER STERILE 26 COMPOUNDING FACILITY HOLDS. 27</p> <p>(C) A STERILE COMPOUNDING FACILITY THAT PERFORMS STERILE 28 COMPOUNDING OUTSIDE THE STATE SHALL HOLD A STERILE COMPOUNDING 29 PERMIT ISSUED BY THE BOARD BEFORE THE STERILE COMPOUNDED 30 PREPARATIONS OF THE STERILE COMPOUNDING FACILITY ARE DISPENSED IN 31 THE STATE. 32</p> <p>(D) A SEPARATE STERILE COMPOUNDING PERMIT IS REQUIRED FOR 1 EACH SITE AT WHICH STERILE COMPOUNDING IS PERFORMED. 2</p> <p>(E) A STERILE COMPOUNDING PERMIT IS NOT</p>		
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		<p>TRANSFERABLE. 3</p> <p>12-4A-03. 4</p> <p>(A) TO QUALIFY FOR A STERILE COMPOUNDING PERMIT, AN APPLICANT 5 SHALL SATISFY THE BOARD THAT THE APPLICANT WILL PERFORM STERILE 6 COMPOUNDING IN ACCORDANCE WITH THE REQUIREMENTS OF THIS SUBTITLE. 7</p> <p>(B) THE BOARD SHALL: 8</p> <p>(1) ESTABLISH PERMIT AND INSPECTION REQUIREMENTS FOR APPLICANTS 9, BASED ON THE RISK CATEGORIES 10 DESCRIBED IN USP 797: 11 (COMMENT:HAVING A THREE TIERED APPROACH IS COMPLICATING THE PROCESS AND WILL PROVIDE THE OPPORTUNITY FOR CONFUSION. WE WILL DEFINE IN REGULATIONS THE EXPECTATIONS FOR COMPLIANCE WITH EACH CATEGORY AND ASK THEM TO INCLUDE THE INFORMATION REGARDING RISK LEVEL ON INITIAL APPLICATION AND INFORM THE BOARD OF CHANGES, AS THEY HAPPEN)</p> <p>(I) LOW RISK; 12</p> <p>(II) MEDIUM RISK; AND 13</p> <p>(III) HIGH RISK; AND 14</p> <p>(2) REQUIRE AN APPLICANT TO OBTAIN A PERMIT IN THE 15 CATEGORY APPROPRIATE TO THE HIGHEST RISK OF STERILE COMPOUNDING 16 PERFORMED BY THE STERILE COMPOUNDING FACILITY. 17</p> <p>12-4A-04. – No changes</p> <p>12-4A-05. 5</p>		
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		<p>(A) A STERILE COMPOUNDING PERMIT EXPIRES ON THE SECOND 6 ANNIVERSARY AFTER ITS EFFECTIVE DATE OR THE SAME DATE AS THE PHARMACY PERMIT, IF THE STERILE COMPOUNDING FACILITY ALSO HOLDS A PHARMACY PERMIT (COMMENT: We want to make sure the permit holder understands that having a pharmacy permit does not give them a permission to engage in compounding or vice versa), UNLESS THE STERILE 7 COMPOUNDING PERMIT IS RENEWED FOR AN ADDITIONAL 2-YEAR TERM AS 8 PROVIDED IN THIS SECTION. 9</p> <p>(B) BEFORE A STERILE COMPOUNDING PERMIT EXPIRES, THE STERILE 10 COMPOUNDING PERMIT MAY BE RENEWED FOR AN ADDITIONAL 2-YEAR TERM IF 11 THE APPLICANT: 12</p> <p>(1) OTHERWISE IS ENTITLED TO THE PERMIT; 13</p> <p>(2) PAYS TO THE BOARD THE RENEWAL FEE SET BY THE BOARD 14 IN REGULATION; AND 15</p> <p>(3) SUBMITS TO THE BOARD: 16</p> <p>(I) A RENEWAL APPLICATION ON THE FORM THE BOARD 17 REQUIRES; AND 18</p> <p>(II) (Comment: This will be met through inspections. The Board will already know about this through annual inspection and if they supply this information, the board staff has to review which means additional staffing cost for the State and delay in processing these applications). 20</p> <p>(C) THE BOARD SHALL RENEW A PERMIT IF THE APPLICANT MEETS THE 21 REQUIREMENTS OF THIS SECTION. 22</p> <p>12-4A-06. 23</p>		
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		<p>(A) THE BOARD SHALL ADOPT REGULATIONS TO CARRY OUT THIS 24 SUBTITLE. 25 Comment: We already have a regulation that covers most of the items listed below so, we will need to add/update the existing regulation (10.34.19 or Sterile Compounding regulation to achieve this objective)</p> <p>(B) THE REGULATIONS SHALL: 26</p> <p>(1) REQUIRE COMPLIANCE WITH USP 797; Comment:Existing Reg. Covers this.)27 (2) REQUIRE EACH STERILE COMPOUNDED PREPARATION TO BE 1 DISPENSED OR ADMINISTERED IN ACCORDANCE WITH A PRESCRIPTION FROM 2 AN AUTHORIZED PRESCRIBER; 3</p> <p>(3) INCLUDE, FOR EACH STERILE COMPOUNDING PERMIT 4 CATEGORY: 5</p> <p>(I) IN ACCORDANCE WITH §§ 12–4A–07 AND 12–4A–08 OF 6 THIS SUBTITLE, REQUIREMENTS FOR: 7</p> <p>1. INSPECTIONS; 8</p> <p>2. REPORTING OF ADVERSE EVENTS AND EVIDENCE 9 OF ENVIRONMENTAL CONTAMINATION; AND (new- need to add the language that the practice committee had proposed so that we can be specific on what is needed).10</p> <p>3. REPORTING OF DEFICIENCIES, DISCIPLINARY 11 ACTION, OR CHANGES IN ACCREDITATION STATUS; New- Ok to keep 12</p> <p>(II) QUALITY AND SAFETY STANDARDS; AND (covered in existing sterility regs)13</p> <p>(III) INITIAL PERMIT AND PERMIT RENEWAL FEES; AND ok 14</p>		
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		<p>(4) REQUIRE A STERILE COMPOUNDING PERMIT HOLDER TO 15 ENSURE THAT PERSONNEL ENGAGING IN STERILE COMPOUNDING ARE TRAINED 16 AND DEMONSTRATE COMPETENCE IN THE SAFE HANDLING AND COMPOUNDING 17 OF STERILE PREPARATIONS. 18 already covered in existing sterility regs.</p> <p>12-4A-07. 19</p> <p>(A) SUBJECT TO SUBSECTION (B) OF THIS SECTION, THE BOARD: 20</p> <p>(1) SHALL INSPECT A STERILE COMPOUNDING PERMIT HOLDER, ANNUALLY: 21</p> <p>(I (2) SHALL INCLUDE IN ALL INSPECTIONS UNDER PARAGRAPH (1) 26 OF THIS SUBSECTION, REVIEW OF MICROBIAL TESTING INCLUDING RESULTS OF SAMPLING OF THE 27 COMPOUNDED PREPARATIONS OF THE STERILE COMPOUNDING PERMIT 28 HOLDER; AND 29 Comment: Instead of having the board inspectors do the sampling nad for the State to pay for the process of getting the results and doing the analysis, Board will require under Quality Assurance requirements in the regulations that the Permit Holder uses USP797 and USP71 to test a sample of their products and make the results available to the oard during inspection.</p> <p>(3) MAY INSPECT A STERILE COMPOUNDING PERMIT HOLDER AT 1 ANY TIME: 2</p> <p>(I) TO VERIFY COMPLIANCE WITH PERMIT REQUIREMENTS; 3 OR 4</p> <p>(II) TO INVESTIGATE A COMPLAINT. 5</p> <p>(B) (1) IF AN APPLICANT OR PERMIT HOLDER IS</p>		
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		<p>PERFORMING 6 STERILE COMPOUNDING OUTSIDE THE STATE, THE BOARD MAY RELY ON AN 7 INSPECTION CONDUCTED BY A DESIGNEE TO CONDUCT INSPECTIONS UNDER 8 THIS SUBTITLE. 9</p> <p>(2) THE BOARD MAY APPROVE A DESIGNEE TO CONDUCT 10 INSPECTIONS OF APPLICANTS OR PERMIT HOLDERS OUTSIDE THE STATE ONLY 11 IF THE INSPECTIONS ARE CONDUCTED IN ACCORDANCE WITH THIS SUBTITLE 12 AND THE REGULATIONS ADOPTED BY THE BOARD. 13</p> <p>(3) AN APPLICANT OR PERMIT HOLDER OUTSIDE THE STATE IS 14 RESPONSIBLE FOR OBTAINING AN INSPECTION FROM A DESIGNEE TO MEET THE 15 REQUIREMENTS OF THIS SUBTITLE. 16</p> <p>12-4A-08. 17</p> <p>(A) THE BOARD SHALL: 18</p> <p>(1) DETERMINE THE ADVERSE EVENTS AND EVIDENCE OF 19 ENVIRONMENTAL CONTAMINATION THAT MUST BE REPORTED BY A STERILE 20 COMPOUNDING PERMIT HOLDER; AND 21</p> <p>(2) REQUIRE A STERILE COMPOUNDING PERMIT HOLDER TO 22 REPORT TO THE BOARD THE ADVERSE EVENTS OR EVIDENCE OF 23 ENVIRONMENTAL CONTAMINATION WITHIN 5 CALENDAR DAYS AFTER 24 BECOMING AWARE OF THE ADVERSE EVENTS OR EVIDENCE. 25</p> <p>(B) (1) THE BOARD SHALL: 26</p> <p>(I) DETERMINE THE DEFICIENCIES, DISCIPLINARY 27 ACTIONS, AND CHANGES IN ACCREDITATION STATUS DESCRIBED IN PARAGRAPH 28 (2) OF THIS SUBSECTION</p>		
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		<p>THAT MUST BE REPORTED BY A STERILE 29 COMPOUNDING PERMIT HOLDER; AND 30</p> <p>(II) REQUIRE A STERILE COMPOUNDING PERMIT HOLDER 1 TO REPORT TO THE BOARD THE DEFICIENCIES, DISCIPLINARY ACTIONS, AND 2 CHANGES IN ACCREDITATION STATUS WITHIN 5 CALENDAR DAYS AFTER 3 BECOMING AWARE OF THE DEFICIENCIES, DISCIPLINARY ACTIONS, OR CHANGES 4 IN ACCREDITATION STATUS. 5</p> <p>(2) THE BOARD MAY REQUIRE A STERILE COMPOUNDING PERMIT 6 HOLDER TO REPORT UNDER PARAGRAPH (1) OF THIS SUBSECTION: 7</p> <p>(I) A DEFICIENCY NOTED DURING AN INSPECTION, DURING 8 AN ACCREDITATION SITE VISIT, OR IN OFFICIAL CORRESPONDENCE FROM A 9 STATE OR FEDERAL AGENCY, A PROFESSIONAL ASSOCIATION, OR AN 10 ACCREDITATION ORGANIZATION; 11</p> <p>(II) DISCIPLINARY ACTION BY A STATE OR FEDERAL 12 AGENCY, INCLUDING A REVOCATION, SUSPENSION, PROBATION, CENSURE, 13 REPRIMAND, OR RESTRICTION PLACED ON A LICENSE, A PERMIT, OR ANY OTHER 14 AUTHORIZATION OF THE STERILE COMPOUNDING PERMIT HOLDER OR A 15 HEALTH CARE PRACTITIONER WHO IS AN OWNER, OPERATOR, OR EMPLOYEE OF 16 A STERILE COMPOUNDING PERMIT HOLDER; OR 17</p> <p>(III) A CHANGE IN ACCREDITATION STATUS ISSUED BY A 18 PROFESSIONAL ASSOCIATION OR AN ACCREDITATION ORGANIZATION RELATING 19 TO THE STERILE COMPOUNDING PERMIT HOLDER. 20</p> <p>12-4A-09. 21</p>		
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		<p>(A) (1) SUBJECT TO THE HEARING PROVISIONS OF SUBSECTION (C) 22 OF THIS SECTION, FOR A VIOLATION OF THIS SUBTITLE OR ANY REGULATION 23 ADOPTED UNDER THIS SUBTITLE, THE BOARD MAY: 24</p> <p>(I) DENY A PERMIT TO AN APPLICANT; 25</p> <p>(II) REPRIMAND A PERMIT HOLDER; 26</p> <p>(III) PLACE A PERMIT HOLDER ON PROBATION; OR 27</p> <p>(IV) SUSPEND OR REVOKE A PERMIT. 28</p> <p>(2) INSTEAD OF OR IN ADDITION TO A REPRIMAND, PROBATION, 29 SUSPENSION, OR REVOCATION, THE BOARD MAY IMPOSE A FINE NOT 30 EXCEEDING \$10,000 FOR ANY VIOLATION OF THIS SUBTITLE. 31</p> <p>(3) EACH VIOLATION OF THIS SUBTITLE OR ANY REGULATION 1 ADOPTED UNDER THIS SUBTITLE IS GROUNDS FOR A SEPARATE FINE. 2</p> <p>(B) THE BOARD SHALL PAY ANY FINE COLLECTED UNDER THIS SECTION 3 INTO THE STATE BOARD OF PHARMACY FUND. 4</p> <p>(C) (1) BEFORE THE BOARD TAKES ANY ACTION UNDER SUBSECTION 5 (A) OF THIS SECTION, IT SHALL GIVE THE APPLICANT OR PERMIT HOLDER AN 6 OPPORTUNITY FOR A HEARING BEFORE THE BOARD. 7</p> <p>(2) THE BOARD SHALL GIVE NOTICE AND HOLD THE HEARING IN 8 ACCORDANCE WITH THE ADMINISTRATIVE PROCEDURE ACT. 9</p> <p>(3) ANY APPLICANT OR PERMIT HOLDER AGGRIEVED BY A FINAL 10 DECISION OF THE BOARD MAY APPEAL AS PROVIDED UNDER THE 11 ADMINISTRATIVE</p>		
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		<p>PROCEDURE ACT. 12</p> <p>(D) THE BOARD SHALL REPORT ON ITS WEB SITE AND MAKE AVAILABLE 13 TO THE PUBLIC ON REQUEST: 14</p> <p>(1) WITHIN 5 CALENDAR DAYS AFTER TAKING THE ACTION, 15 INFORMATION RELATING TO A SUSPENSION OR REVOCATION OF A PERMIT; AND 16</p> <p>(2) WITHIN 30 CALENDAR DAYS AFTER TAKING THE ACTION, 17 INFORMATION RELATING TO ANY OTHER FORMAL ACTION AGAINST AN 18 APPLICANT OR PERMIT HOLDER. 19</p> <p>12-4A-10. 20</p> <p>A STERILE COMPOUNDING FACILITY MAY NOT OPERATE IN THE STATE OR 21 ALLOW THE STERILE COMPOUNDED PREPARATIONS OF THE STERILE 22 COMPOUNDING FACILITY TO BE DISPENSED IN THE STATE UNLESS THE STERILE 23 COMPOUNDING FACILITY HOLDS A STERILE COMPOUNDING PERMIT ISSUED BY 24 THE BOARD. 25</p> <p>12-4A-11. 26</p> <p>THE BOARD SHALL MAINTAIN AND SUBMIT ANNUALLY TO THE 27 SECRETARY INFORMATION RELATING TO EACH STERILE COMPOUNDING 28 PERMIT HOLDER, INCLUDING: 29 Comment: We need to know if System's Automation is capable of producing such report and if not we need to know what will it take to customize such report.</p> <p>(1) THE PERMIT HOLDER'S NAME AND ADDRESS; 30</p> <p>(2) THE PERMIT HOLDER'S PERMIT CATEGORY; AND 1</p> <p>(3) ANY DISCIPLINARY ACTIONS TAKEN AGAINST THE</p>		
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		<p>PERMIT 2 HOLDER DURING THE REPORTING PERIOD. 3</p> <p>12–707. 4</p> <p>(a) A person who violates any provision of the following subtitles or sections 5 of this title is guilty of a misdemeanor and on conviction is subject to a fine not 6 exceeding \$1,000: 7</p> <p>(1) § 12–311 (“Display of licenses”); 8</p> <p>(2) Subtitle 4 (“Pharmacy permits”); 9</p> <p>(3) § 12–502(b) (“Pharmaceutical information”); 10</p> <p>(4) § 12–505 (“Labeling requirements for prescription medicines”); and 11</p> <p>(5) § 12–604 (“General power to inspect drugs, devices, and other 12 products”). 13</p> <p>(b) A person who violates any provision of the following sections of this title 14 is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$1,000 15 or imprisonment not exceeding 1 year or both: 16</p> <p>[(1) § 12–602 (“Distribution permits”);] 17</p> <p>(1) § 12–4A–10 (“OPERATING A STERILE COMPOUNDING 18 FACILITY WITHOUT PERMIT”); 19</p> <p>(2) § 12–701 (“Practicing pharmacy without license”); 20</p> <p>(3) § 12–702 (“License obtained by false representation”); 21</p> <p>(4) § 12–703 (“Operating a pharmacy without permit”); 22</p> <p>(5) § 12–704 (“Misrepresentations”); and 23</p>		
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		<p>(6) § 12–6B–12 (“Working as an unregistered pharmacy technician”). 24</p> <p>(c) Each day that a violation of any section of Subtitle 4 of this title 25 continues constitutes a separate offense. 26</p> <p>(d) Within 10 days after a court renders the conviction, the court shall report 27 to the Board each conviction of a pharmacist or registered pharmacy technician for: 28</p> <p>(1) Any crime regarding the pharmacy or drug laws that involves 1 professional misconduct; or 2</p> <p>(2) Any crime that involves the State law regarding controlled 3 dangerous substances or the federal narcotic laws. 4</p> <p>(e) (1) Any person who violates § 12–4A–10 (“OPERATING A STERILE 5 COMPOUNDING FACILITY WITHOUT PERMIT”), § 12–701 (“Practicing pharmacy 6 without a license”), § 12–703 (“Operating a pharmacy without a permit”), or § 7 12–6B–12 (“Working as an unregistered pharmacy technician”) of this title is subject 8 to a civil fine of not more than \$50,000 to be assessed by the Board. 9</p> <p>(2) The Board shall pay any penalty collected under this subsection 10 into the State Board of Pharmacy Fund. 11</p> <p>SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 12 October 1, 2014[13]</p> <p>HB 1270 Health Care Facilities and Pharmacies - Sale of Tobacco Products – Prohibition</p> <p>HB 1310/ SB 834 Health Care Malpractice Claims - Definition of "Health Care Provider"</p> <p>HB 1345/SB 825 Open Meetings Act - Public Body - Definition</p>		
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Motion by the
Legislative Committee
to take no position on

		<p>SB 971 Regulations - Fees and Fines - Legislative Approval Required</p> <p>Not available on 2/15th</p> <p><u>HB 1006/ SB 701 Criminal Records – Shielding - Nonviolent Misdemeanor Convictions</u></p> <p>Hand out</p> <p><u>Other Health Occupation Boards have proposed the following draft amendments:</u></p> <p>B) A SHIELDED RECORD SHALL REMAIN FULLY ACCESSIBLE TO:</p> <p>(1) CRIMINAL JUSTICE UNITS FOR LEGITIMATE CRIMINAL JUSTICE PURPOSES;</p> <p>(2) PROSPECTIVE EMPLOYERS WHO ARE SUBJECT TO STATUTORY REQUIREMENT O INQUIRE INTO AN APPLICANT’S CRIMINAL BACKGROUND FOR PURPOSES OF CARRYING OUT THAT STATUTORY REQUIREMENT ;</p> <p>(3) FACILITIES THAT ARE REQUIRED TO INQUIRE INTO AN EMPLOYEE’S EMPLOYER’S CRIMINAL BACKGROUND UNDER §5-561 OF THE FAMILY LAW ARTICLE; AND</p> <p>(4) THE PERSON WHO IS THE SUBJECT OF THE SHIELDED RECORD AND THAT PERSON’S ATTORNEY;</p>	<p>HB 1270, HB1320/SB834 and HB 1345/SB 825. Motion was seconded by Z. St. Cyr, II.</p> <p>Motion by Legislative Committee to submit a letter of concern On SB 971. Motion was seconded by Z. St. Cyr, II.</p> <p>Motion by Legislative Committee to join with the other Boards in signing the amendment letter as stated in these minutes for HB 1006/SB701. Motion was seconded by D. Taylor.</p>	<p>Motion was approved.</p> <p>Motion was approved.</p> <p>Motion was approved.</p>
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		<p><u>AND</u></p> <p><u>(5) A HEALTH OCCUPATIONS BOARD ESTABLISHED UNDER THE HEALTH OCCUPATIONS ARTICLE, ANNOTATED CODE OF MARYLAND.</u></p> <p><u>HB 1430 Task Force on Pharmacogenomics</u></p> <p>Hand out</p> <p>The Board approved Supporting with an Amendment to add in MPHA and more pharmacists.</p> <p><u>REGULATIONS:</u></p> <p>10.34.03 – Inpatient Institutional Pharmacies Released for informal comment 12/04/12 – 1/14/13.</p> <p><u>DRAFT 10.34.03.01 Decentralized Pharmacies version 9 for 022013 Bd Mtg</u></p> <p><u>Comments:</u></p> <p><u>JHH Comment – Decentralized Pharmacy License Regulations v3</u></p> <p><u>Greg Smith – St. Agnes 010413</u></p> <p><u>Morrell Delcher – Mercy 010713</u></p> <p><u>Insttutional Pharmacy Decentralized Pharmacy Regulations 2013 MSHP Comments Final</u></p> <p><u>Pecore and Doherty 01142013</u></p> <p><u>Practice Recommended Responses:</u> <u>Draft Bd Response – JHH</u></p> <p><u>The recommended response is below:</u></p> <p>Thank you for offering informal comments to the Maryland Board of</p>	<p>Motion by Legislative Committee to approve the recommended response to COMAR 10.34.03 as stated in these minutes. Motion was seconded by D. Taylor.</p>	<p>Motion was approved.</p>
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		<p>Pharmacy concerning revisions to COMAR 10.34.03 Institutional Pharmacy. Several other stakeholders submitted similar comments. Below you will find the Board’s response to all the comments received.</p> <p>.02 Definitions</p> <p>It was requested to revise the definition of “decentralized pharmacy” as there has been confusion concerning what constitutes a building or pavilion. The Board will not expand upon this definition, but has added a definition of “pavilion” to the chapter:</p> <p style="padding-left: 40px;"><i>(12-1) “Pavilion” means a detached or semidetached part of a hospital devoted to a special use.</i></p> <p>It was requested to clarify the definition of institutional pharmacy to make a distinction between a pharmacy that compounds and one that does not. The Board will not be changing the definition because each one of these items (compounding, distributing, or dispensing) are independently the practice of pharmacy.</p> <p>.03 Issuance of Permits</p> <p>It was suggested to rephrase the conditions in which an institution would obtain a full service permit in Regulation .03C. The Board does not believe that the rephrasing suggested clarifies the language.</p> <p>The Board did, however; include a new section to be numbered .03C:</p> <p style="padding-left: 40px;"><i>C. A decentralized pharmacy that meets the definition as set forth in this chapter may operate under the same permit as the institutional pharmacy located in the same building or pavilion.</i></p> <p>There was some confusion expressed concerning Regulation .03D (now E):</p> <p style="padding-left: 40px;"><i>Any other pharmacy that does not meet the requirements of a decentralized pharmacy and is located on the campus or affiliated with an institutional pharmacy shall be separately</i></p>		
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		<p><i>licensed.</i></p> <p>This means a pharmacy located in a distinctly separate building would require a separate license. A decentralized pharmacy, as defined in the regulations, is not required to have a separate permit.</p> <p>It was suggested to allow a pharmacist to be immediately available onsite utilizing live video surveillance while a pharmacy technician performs compounding. Live video surveillance is not appropriate for direct supervision of compounding and the Board is reluctant at this time to lessen any oversight of compounding pharmacies.</p> <p>.06 Security. There was concern that the words “pharmacy area” in .06C would create confusion with other areas in the hospital where medications are stored for administration to a patient.</p> <p><i>Entry into an [inpatient] institutional pharmacy area where prescription drugs or devices are held shall be limited to authorized personnel under a pharmacist’s direct supervision.</i></p> <p>The Board sees no need to distinguish the institutional pharmacy area from medication rooms because the institutional pharmacy area would only be within an institutional pharmacy. It refers to the area within the pharmacy permit.</p> <p>.13 Controlled Dangerous Substances. There was a question regarding B(1) concerning whether or not a monthly physical count of each Schedule II controlled dangerous substance in the pharmacy, and a comparison with the perpetual inventory maintained by the pharmacy with reference to each drug, is a new practice for the decentralized pharmacy. The Board notes that this language is not new and applies to all institutional pharmacies.</p> <p>.17 Requirements for a Decentralized Pharmacy. It was suggested to revise .17B so that the pharmacist final check was only for compounded medications. The Board disagrees as a</p>		
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		<p>pharmacist should be performing the final check on all prescriptions dispensed from the pharmacy.</p> <p>It was also suggested to revise .17D by omitting “direct supervision of decentralized pharmacy personnel.” The Board agrees that the section needs to be revised, but with the language below:</p> <p><i>D. A director of pharmacy of the institutional pharmacy is responsible for pharmacy operations involving a decentralized pharmacy, including direct supervision of decentralized pharmacy personnel by a pharmacist and compliance with this chapter.</i></p> <p>.17E was the source of some confusion and it was requested that the section be revised so that it would not be misinterpreted. The Board revised the section to clarify that medications may be stored in a nursing unit once approved for use by the institutional pharmacy.</p> <p><i>E. A pharmacy department may store prescription medications and over the counter medications that are approved for use by the institutional pharmacy as required for the treatment of patients in the nursing unit served by the decentralized pharmacy.</i></p> <p>It was suggested to delete .17G as it is repetitive of .17B(1) which requires a pharmacist in the decentralized pharmacy. The Board is leaving .17G in to emphasize that a pharmacist must be physically present in a decentralized pharmacy to directly supervise pharmacy technicians and pharmacy technician trainees during hours of operation.</p> <p>It was noted that .17I is also redundant, but the Board feels it is important to repeat requirements for security under this regulation.</p> <p>Thank you again for your thorough reading of, and informal comments to, COMAR 10.34.03 Institutional Pharmacy. The Board voted at the February 20, 2013 Public Board Meeting to submit the proposed regulations to the Department of Health and Mental</p>		
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		<p>Hygiene for publication with the revisions set forth above. Should you have questions or additional concerns, please feel free to contact Anna D. Jeffers, Legislation and Regulations Manager at (410) 764-4794.</p> <p>10.34.06 Reporting Pharmacist's and Pharmacy Technician's Mailing Address and Location of Employment Published in the Md. R. 12/28/12. No comments received. Notice of Final Action anticipated to be published March 8, 2013 with effective date of March 18th.</p> <p>10.34.14 – Opening and Closing of Pharmacies and 10.34.30 – Change to Permit – Pharmacy or Distribution Permit Holder. To be resubmitted to DHMH.</p> <p>10.34.19 Sterile Pharmaceutical Compounding Board approval requested for:</p> <p><u>DRAFT 10.34.19.01 - .16 021613</u></p> <p>10.34.22 – Licensing of Wholesale Prescription Drug or Device Distributors Submitted Emergency at Del. Morhaim's request 1/14/13.</p> <p>10.34.23 Pharmaceutical Services to Patients in Comprehensive Care Facilities Released for informal comment 12/04/12 – 1/14/13. No comments of significance received.</p> <p>Board approval requested for:</p> <p><u>proposed-1-11 10.34.23 RELEASE FOR INFORMAL COMMENT</u></p> <p>10.34.29 – Drug Therapy Management Proposal anticipated to be published 1/25/13 with comment period through 2/25/13.</p>	<p>Motion by the Legislative Committee to approve recommended revisions to COMAR 10.34.19. Motion was seconded by D. Taylor.</p> <p>Motion by the Legislative Committee to approve COMAR 10.34.23. Motion was seconded by M.</p>	<p>Motion was approved.</p> <p>Motion was approved.</p>
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		<p>10.34.36 – Pharmaceutical Services to Residents in Assisted Living Programs and Group Homes Proposal published 2/8/13 with comment period through 3/11/13.</p>	Gavgani.	
<p>III. Committee Reports</p> <p>A. Practice Committee</p>	H. Finke, Chair,	<p>Jennifer Hardesty</p> <p><u>Remedi- nonresident pharm techs 011813</u></p> <p><u>Draft Bd Response – Remedi – supervision of pharm tech</u></p> <p><u>Recommended Response::</u></p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning Remedi’s long term care questions for out of state pharmacies. I have set forth your questions below followed by the Board’s response.</p> <p><i>1) When a long term care pharmacy technician is performing only data entry functions (typing medication orders into the pharmacy computer system) do technology solutions such as videoconferencing, Skype, etc. that provide real time audio and visual communication between pharmacist and technician qualify as “Direct Supervision”?</i></p> <p>Audio and visual communication between a pharmacist and a pharmacy technician does not constitute “direct supervision.” The pharmacist is required to be physically available on site.</p>	<p>Recommendation by Practice Committee to approve the response as stated I these minutes. Recommendation was seconded by D. Taylor.</p>	<p>Recommendation was approved.</p>

		<p>2) <i>For a pharmacy that is out-of- state, and is filling prescriptions for Maryland Residents- what is the licensure requirement for the individual out-of-state pharmacist in these situations:</i></p> <p><i>A. Out of state pharmacist reviewing orders and filling prescriptions for a Maryland resident – do they require a MD license?</i></p> <p><i>B. Out of state pharmacist is supervising technicians filling prescriptions for Maryland Residents- do they require a MD license?</i></p> <p><i>C. Consultant Rph performing clinical review of a Maryland resident (no drug distribution- just clinical review and recommendations) - do they require a MD license?</i></p> <p>A. An out of state pharmacist reviewing orders and filling prescriptions for a Maryland resident is required to have a Maryland license. In Health Occupations Article, 12-403(d), Annotated Code of Maryland, a nonresident pharmacy shall have a pharmacist on staff who is (i) licensed by the Board; and (ii) designated as the pharmacist responsible for providing pharmaceutical services to a patient in Maryland. The practice of pharmacy is broadly defined in the Maryland Pharmacy Act and includes:</p> <ul style="list-style-type: none"> (i) Providing pharmaceutical care; (ii) Compounding, dispensing, or distributing prescription drugs or devices; (iii) Compounding or dispensing nonprescription drugs or devices; (iv) Monitoring prescriptions for prescription and nonprescription drugs or devices; (v) Providing information, explanation, or recommendations to patients and health care practitioners about the safe and effective use of prescription or nonprescription drugs or devices; (vi) Identifying and appraising problems concerning the use or monitoring of therapy with drugs or devices; (vii) Acting within the parameters of a therapy management contract, as provided under Subtitle 6A of this title; 		
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		<p>(viii) Administering an influenza vaccination, a vaccination for pneumococcal pneumonia or herpes zoster, or any vaccination that has been determined by the Board, with the agreement of the Board of Physicians and the Board of Nursing, to be in the best health interests of the community in accordance with § 12–508 of this title;</p> <p>(ix) Delegating a pharmacy act to a registered pharmacy technician, pharmacy student, or an individual engaged in a Board approved pharmacy technician training program;</p> <p>(x) Supervising a delegated pharmacy act performed by a registered pharmacy technician, pharmacy student, or an individual engaged in a Board approved pharmacy technician training program; or</p> <p>(xi) Providing drug therapy management in accordance with § 19–713.6 of the Health – General Article.</p> <p>See Health Occupations Article, 12-101(t), Annotated Code of Maryland</p> <p>B. An out of state pharmacist supervising pharmacy technicians filling prescriptions for Maryland residents is required to have a Maryland pharmacist license.</p> <p>C. A consultant pharmacist performing clinical review of a Maryland resident (no drug distribution- just clinical review and recommendations) is also required to have a Maryland pharmacist license.</p> <p>Please be advised that this response was prepared with the knowledge of only the facts presented. Any person who wishes to republish or reproduce, in whole or in part, any material issued by the Board should contact the Board for prior consent. This response is not intended to be legal advice. Although references to current laws and regulations may be included in this response, keep in mind that laws may change annually and regulations may be changed at any time. Further, the information provided is based on state pharmacy laws</p>		
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		and regulations. Federal rules and state requirements that are not included under the Maryland Pharmacy Practice Act, however, may also apply. To insure that all current applicable laws have been considered, you may want to consult with your own legal counsel.		
B. Licensing Committee	D. Chason Chair,	<ol style="list-style-type: none"> 1) Review of Pharmacist Applications: None 2) Review of Pharmacy Technician Applications: None 3) Review of Distributor Applications: None 4) Review of Pharmacy Technicians Training Programs: <ul style="list-style-type: none"> • Med One Pharmacy - Recommendation is to approve changes to program examination. • Pharmacy Technician University from Pharmacist Letter - Recommendation is to approve the Technician Training Program component but the program can't be approved independently unless technician receives 160 hours of training in a MD licensed pharmacy. 	<p>Recommendation by Licensing Committee to approve changes to Med One Pharmacy program examination. Recommendation was seconded by M. Gavgani.</p> <p>Recommendation by Licensing Committee is to approve the technician training program component of Pharmacy Technician University only. The program cannot be approved independently unless technician receives 160 hours of training in a MD licensed pharmacy. Recommendation was seconded by D. Taylor.</p>	<p>Recommendation was approved.</p> <p>Recommendation was approved.</p>

		<p>5) New Business:</p> <ul style="list-style-type: none"> • <u>Francis Yomi</u> - Would like Board to review credentials to determine if he is able to sit for Pharmacist examinations. Recommendation is to inform Mr. Yomi that his experience must be in the pharmacy field and that the information he made reference to was regarding continuing education. • <u>Paul Andrulonis</u> – Would like approval for continuing education hours. Recommendation is to deny request as CE is not pertinent to pharmacy practice. • Non-Resident Pharmacy Letter- Licensing Committee would like to compose and send letter to all non-resident pharmacies regarding providing the name and license number of the MD licensed pharmacist that they have on staff. 	<p>Recommendation by Licensing Committee is to inform Mr. Yomi that he does not have the credentials to sit for the pharmacist's examination. Recommendation was seconded by D. Taylor.</p> <p>Recommendation by Licensing Committee is to deny request of Paul Andrulonis as CE is not pertinent to pharmacy practice. Recommendation was seconded by M. Gavgani.</p> <p>Recommendation by Licensing Committee to compose and send letter to all non- resident pharmacies regarding providing the name and license number of the MD licensed pharmacist that they have on staff. Recommendation was seconded by D. Taylor.</p>	<p>Recommendation was approved.</p> <p>Recommendation was approved.</p> <p>Recommendation was approved.</p>
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		<ul style="list-style-type: none"> Pharmacy Technician Training Programs Letter - Licensing Committee would like to compose and send letter to all MD Board approved technician programs asking them to inform us as to activity of program. Patient First – The changes the Board made to the dispensing prescriber statute require that a dispensing prescriber purchase drugs from a pharmacy or distributor licensed by the Board. The Board previously told PF that it didn't need to be separately licensed as a distributor because sales from PF to PFMMG are intercompany sales. Recommendation is to inform PF that its subsidiaries do not need to be separately licensed as long as the parent company is only buying drugs from licensed distributor in MD. Pharmacy Specialist – Company is asking for a waiver of the requirement to have a MD licensed pharmacist on staff to continue to just provide services to the few MD clients that they have. Recommendation is to deny the request. 	<p>Recommendation is for Licensing Committee to draft and mail letter to all MD Board approved technician programs asking them to inform the Board as to activity of program. Recommendation was seconded by D. Taylor.</p> <p>Recommendation by Licensing Committee is to inform Patient First (PF) that its subsidiaries do not need to be separately licensed as long as the PF parent company is only buying drugs from a licensed distributor in MD.</p> <p>Recommendation by Licensing Committee is to deny request of waiver for Pharmacy Specialist.</p>	<p>Recommendation was approved.</p> <p>Recommendation was approved.</p> <p>Recommendation was approved.</p>
C. Public Relations Committee	L. Bradley-Baker, Chair	<p>Public Relations Committee Update:</p> <ul style="list-style-type: none"> The Winter Newsletter will be e-mailed no later than the beginning of next week. The Public Relations Committee will have a recommendation regarding the off -site public board meeting at next month's public board meeting. Two locations are being explored in Cambridge and the date will either be September or October, 2013. 		

D. Disciplinary	L. Israbian-Jamgochian, Chair	Disciplinary Committee Update – No update this month.		
E. Emergency Preparedness Task Force	D. Taylor, Chair	<p>Emergency Preparedness Task Force Update :</p> <ul style="list-style-type: none"> Commissioner D. Taylor spoke at the University of Maryland School of Pharmacy at Baltimore on January 28, 2013 and also at the University of Maryland Eastern Shore School of Pharmacy on February 12, 2013 discussing the pharmacist's role in emergency preparedness. Commissioner D. Taylor also reported that the Board will have an opportunity to present the same discussion at Notre Dame School of Pharmacy. Commissioner D. Taylor reported that the Board not being invited to this year's CDC evaluation was an oversight, however he was advised that the Board will be invited to the State's technical assistance evaluation next year. 		
IV. Other Business & FYI	M. Souranis, President	No Other business to report this month.		
V. Adjournment	M. Souranis, Board President	<p>The Public Meeting was adjourned at <u>12:06 p.m.</u></p> <p>At <u>1:05p.m.</u> M. Souranis convened a Closed Public Session to conduct a medical review of technician applications.</p> <p>C. The Closed Public Session was adjourned at <u>1:43 P.M.</u> Immediately thereafter, M. Souranis convened an Administrative Session for purposes of discussing confidential disciplinary cases. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Administrative Session.</p>	Motion by D. Chason, to adjourn the Public Board meeting pursuant to State Government Article 10-508)a)(13) and (7) for the purpose of engaging in medical review committee review deliberation regarding confidential matters in applications Meeting. The motion was seconded by D. Taylor.	Motion was approved.

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